

2631

ALL MAY BE OBTAINED FROM THE BOARD OF HEALTH. Make every effort possible to secure this information. Incorrect certificates will be returned for correction.

PLACE OF DEATH		Arizona Territorial Board of Health	
County of <u>Pima</u>	City of <u>Tucson</u>	BOARD OF HEALTH	BUREAU OF VITAL STATISTICS
District of <u>Tucson</u>	Town of <u>Tucson</u>	BUREAU OF VITAL STATISTICS	ORIGINAL CERTIFICATE OF DEATH
or	City of <u>Tucson</u>	PHOENIX	Ter. Index No. <u>231</u>
(If death occurs away from USUAL RESIDENCE, give facts called for under "Special information.")		County Registered No. <u>150</u>	
FULL NAME <u>Clairinda A. Warkfield</u>		MAY 11 1910	
PERSONAL AND STATISTICAL PARTICULARS		MEDICAL CERTIFICATE OF DEATH	
LENGTH OF RESIDENCE		DATE OF DEATH	
At Place of Death <u>5</u> yrs <u>—</u> mos.		<u>Apr</u> <u>13th</u> 19 <u>10</u>	
In Arizona <u>25</u> yrs <u>—</u> mos.		(month) (day) (year)	
SEX <u>Female</u>	COLOR OR RACE <u>White</u>	I hereby certify, That I attended deceased from	
	<u>Black</u>	<u>Apr 15</u> 19 <u>10</u> to <u>Apr 13</u> 19 <u>10</u>	
	<u>Chinese</u>	that I last saw her alive on <u>April 13</u> 19 <u>10</u>	
	<u>Indian</u>	and that death occurred on the date stated above at <u>5 P. M.</u>	
	<u>Mexican</u>	The DISEASE or INJURY causing DEATH was as follows;	
DATE OF BIRTH <u>Dec.</u> <u>15</u> <u>1820</u>	AGE <u>89</u> years <u>3</u> months <u>29</u> days	<u>Chronic Nephritis</u>	
SINGLE, MARRIED, WIDOWED, OR DIVORCED <u>Widowed</u>		Where contracted <u>From</u> Duration <u>Long</u>	
BIRTHPLACE (State or foreign country) <u>New York</u>		Contributing cause (if any) <u>Old age</u>	
OCCUPATION <u>None</u>		Where contracted <u>From</u> Duration <u>Long</u>	
NAME OF FATHER <u>Unknown</u>		(Signed) <u>Chas. W. O'Leary</u> M.D.	
BIRTHPLACE OF FATHER (State or foreign country) <u>Lake Champlain</u>		Address <u>Tucson, Ariz.</u>	
MAIDEN NAME OF MOTHER <u>Unknown</u>		SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.	
BIRTHPLACE OF MOTHER (State or foreign country) <u>Mass.</u>		Former or Usual residence <u>—</u> How long at <u>—</u> Days	
THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.		Place of burial or removal <u>Evergreen Cemetery</u> Date of burial or removal <u>4/14/10</u> 19 <u>10</u>	
Informant <u>Lyman Warkfield</u>		Underwriter <u>Kelly Ind. Co.</u> Address <u>Tucson, Ariz.</u>	
(Address) <u>Tucson, Ariz.</u>		Filed <u>Apr 14</u> 19 <u>10</u> <u>H. E. Carpenter</u> Local Register.	
		Filed <u>Apr 20</u> 19 <u>10</u> <u>H. V. M. Williams</u>	